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## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

|  | For Other Than An Authorized   | Committee   | Office Use   | e Only   |
|--|--|---|--|--|
| NAME OF     COMMITTEE (in full)  |  | ple: If typing, type<br>the lines.  | 12FE4M5  |  |
| American Podiatric Me  | edical Association Political Ad  | ction Committee   |  |  |
|  |  |   |  |  |
| ADDRESS (number and street)  | 9312 Old Georgetown Road   |   |  |  |
| Check if different than previously reported. (ACC)   | Bethesda   |   | MD 20814-  | 1698   |
| 2. FEC IDENTIFICATION NU   | JMBER ▼ CITY ▲   |   | STATE ▲ Z  | ZIP CODE A   |
| C C00008839  | 3. IS THIS REPORT  | NEW (N) OR  | × AMENDED (A)  |  |
| 4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Compared of the content of t | PRE-Election Report for the:  Constitution on the second of the second on the second o | May 20 (M5)  Jun 20 (M6)  X Jul 20 (M7)  Primary (12P)  Convention (12C)  General (30G) | Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S)  Runoff (30R) | Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)  Runoff (12R)  in the State of  Special (30S)  in the State of |
| 5. Covering Period 06  | 01 2013  | through 06  | 30 / 201   | 3  |
| -  | is Report and to the best of my knowl  | edge and belief it is tru   | ue, correct and complete   | э.   |
| Type or Print Name of Treasure   | r Dr. Randy Kaplan DPM   |   |  |  |
| Signature of Treasurer Dr. R   | andy Kaplan DPM [1   | Electronically Filed]   | Oate 05 16   | 2014   |
| NOTE: Submission of false, erron   | eous, or incomplete information may subj   | ject the person signing th  | nis Report to the penaltie   | s of 2 U.S.C. §437g.   |
| Office<br>Use  |  |   |  | FORM 3X<br>ev. 12/2004   |

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

#### American Podiatric Medical Association Political Action Committee

06 2013 06 30 Report Covering the Period: 2013 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 240465.66 January 1, 2013 (b) Cash on Hand at 500263.65 Beginning of Reporting Period..... 342199.99 45522.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 545785.65 582665.65 6(a) and 6(c) for Column B)..... 63500.00 100380.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 482285.65 482285.65 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### American Podiatric Medical Association Political Action Committee

| I. Receipts                                      | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| Contributions (other than loans) From:           |                               |                                   |
| (a) Individuals/Persons Other                    |                               |                                   |
| Than Political Committees                        | 00005.00                      | 230668.00                         |
| (i) Itemized (use Schedule A)                    | 26205.00                      | 230000.00                         |
| (ii) Unitemized(iii) TOTAL (add                  | 19317.00                      | 105531.99                         |
| Lines 11(a)(i) and (ii)                          | 45522.00                      | 336199.99                         |
| (b) Political Party Committees                   | 0.00                          | 0.00                              |
| (c) Other Political Committees                   | 0.00                          | 0.00                              |
| (such as PACs)                                   | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines               |                               |                                   |
| 11(a)(iii), (b), and (c)) (Carry                 | 45522.00                      | 336199.99                         |
| Totals to Line 33, page 5)                       | 43022.00                      | 555 100.00                        |
| Transfers From Affiliated/Other Party Committees | 0.00                          | 0.00                              |
| Farty Committees                                 | 0.00                          | 3.00                              |
| . All Loans Received                             | 0.00                          | 0.00                              |
| 7.11 254.16 716561764                            |                               |                                   |
| . Loan Repayments Received                       | 0.00                          | 0.00                              |
| . Offsets To Operating Expenditures              | 7                             | 0.00                              |
| (Refunds, Rebates, etc.)                         |                               |                                   |
| (Carry Totals to Line 37, page 5)                | 0.00                          | 0.00                              |
| . Refunds of Contributions Made                  | 7 / 7                         | 7 7                               |
| to Federal Candidates and Other                  |                               |                                   |
| Political Committees                             | 0.00                          | 6000.00                           |
| Other Federal Receipts                           |                               |                                   |
| (Dividends, Interest, etc.)                      | 0.00                          | 0.00                              |
| . Transfers from Non-Federal and Levin Funds     | 3.00                          | 5.55                              |
| (a) Non-Federal Account                          |                               |                                   |
| (from Schedule H3)                               | 0.00                          | 0.00                              |
|  | 7                             |                                   |
| (b) Levin Funds (from Schedule H5)               | 0.00                          | 0.00                              |
| (b) Leviii i dilda (ilotti ocheddie 115)         |                               |                                   |
| (c) Total Transfers (add 18(a) and 18(b))        | 0.00                          | 0.00                              |
| (0, 10.00 10.00 (0.00 10.00)                     |                               |                                   |
| . Total Receipts (add Lines 11(d),               |                               |                                   |
| 12, 13, 14, 15, 16, 17, and 18(c))▶              | 45522.00                      | 342199.99                         |
| . Total Federal Receipts                         |                               |                                   |
| . Total i edelal Hedelpts                        |                               |                                   |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | Disbursements COLUMN A Total This Period |                       |  |  |
|--|--|-----------------------|--|--|
| Operating Expenditures:  (a) Allocated Federal/Non-Federal | 10001 01100                              | Calendar Year-to-Date |  |  |
| Activity (from Schedule H4)                                |  |                       |  |  |
| (i) Federal Share  | 0.00                                     | 0.00                  |  |  |
|  | 0.00                                     | 0.00                  |  |  |
| (ii) Non-Federal Share                                     | 0.00                                     | 0.00                  |  |  |
| (b) Other Federal Operating                                | 0.00                                     | 0.00                  |  |  |
| Expenditures(c) Total Operating Expenditures               | 0.00                                     | 0.00                  |  |  |
| (add 21(a)(i), (a)(ii), and (b))▶                          | 0.00                                     | 0.00                  |  |  |
| Transfers to Affiliated/Other Party                        |  |                       |  |  |
| Committees   | 0.00                                     | 0.00                  |  |  |
| Contributions to Federal Candidates/Committees             |  |                       |  |  |
| and Other Political Committees                             | 63500.00                                 | 100000.00             |  |  |
| Independent Expenditures                                   | 0.00                                     | 0.00                  |  |  |
| (use Schedule E)   | 0.00                                     | 0.00                  |  |  |
| (2 U.S.C. §441a(d))<br>(use Schedule F)                    | 0.00                                     | 0.00                  |  |  |
| (use Scriedule F)  | 7 7                                      | 0.00                  |  |  |
| Loan Repayments Made                                       | 0.00                                     | 0.00                  |  |  |
|  |  |                       |  |  |
| Loans Made   | 0.00                                     | 0.00                  |  |  |
| Refunds of Contributions To: (a) Individuals/Persons Other |  |                       |  |  |
| Than Political Committees                                  | 0.00                                     | 380.00                |  |  |
| Ī  |  | 0.00                  |  |  |
| (b) Political Party Committees                             | 0.00                                     | 0.00                  |  |  |
| (c) Other Political Committees                             | 0.00                                     | 0.00                  |  |  |
| (such as PACs)   | 0.00                                     |                       |  |  |
| (d) Total Contribution Refunds                             |  |                       |  |  |
| (add Lines 28(a), (b), and (c))▶                           | 0.00                                     | 380.00                |  |  |
|  |  |                       |  |  |
| Other Disbursements  | 0.00                                     | 0.00                  |  |  |
| -  |  |                       |  |  |
| Federal Election Activity (2 U.S.C. §431(20))              |  |                       |  |  |
| (a) Allocated Federal Election Activity                    |  |                       |  |  |
| (from Schedule H6) (i) Federal Share                       | 0.00                                     | 0.00                  |  |  |
| (I) Federal State  |  |                       |  |  |
| (ii) "Levin" Share   | 0.00                                     | 0.00                  |  |  |
| (b) Federal Election Activity Paid Entirely                |  |                       |  |  |
| With Federal Funds   | 0.00                                     | 0.00                  |  |  |
| (c) Total Federal Election Activity (add                   |  |                       |  |  |
| Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶                     | 0.00                                     | 0.00                  |  |  |
| <b>-</b>   |  |                       |  |  |
| Total Disbursements (add Lines 21(c), 22,                  | 2222                                     |                       |  |  |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c))                   | 63500.00                                 | 100380.00             |  |  |
| Total Federal Disbursements                                |  |                       |  |  |
| (subtract Line 21(a)(ii) and Line 30(a)(ii)                |  |                       |  |  |
| from Line 31)  | 63500.00                                 | 100380.00             |  |  |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                             | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3)       | 45522.00                      | 336199.99                         |
| 4. Total Contribution Refunds (from Line 28(d))                           | 0.00                          | 380.00                            |
| 6. Net Contributions (other than loans) (subtract Line 34 from Line 33)   | 45522.00                      | 335819.99                         |
| . Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00                          | 0.00                              |
| . Offsets to Operating Expenditures (from Line 15, page 3)                | 0.00                          | 0.00                              |
| . Net Operating Expenditures (subtract Line 37 from Line 36)              | 0.00                          | 0.00                              |

Use separate schedule(s) for each category of the Detailed Summary Page

|                  | FOR LINE NUMBER: |     |  |     | PAGE | 6   | OF | 39 |    |
|------------------|------------------|-----|--|-----|------|-----|----|----|----|
| (check only one) |                  |     |  |     |      |     |    |    |    |
|                  | X                | 11a |  | 11b |      | 11c | 12 | 2  |    |
|                  |                  | 13  |  | 14  |      | 15  | 16 | 6  | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

| or for commercial purposes, other than usin   | ng the name and address of any political committee to | o solicit contributions from such committee.                  |
|---|---|---|
| NAME OF COMMITTEE (In Full) American Podiatric Medical  | Association Political Action Committee                | ee  |
| Full Name (Last, First, Middle Initial)  Dr. Steven B. Smith  Mailing Address 2929 E 69th St.           |   | Date of Receipt   |
| City  | State Zip Code  | 06 03 2013  |
| Tulsa   | OK 74136-4541   | Transaction ID : 20938019  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  | C   | 500.00  |
| Name of Employer Self-Employed  | Occupation Podiatric Physician                        |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  500.00                      |   |
| Full Name (Last, First, Middle Initial)  3. Dr. Andrea K. Rockett  Mailing Address 2105 Quiet Falls Ln. |   | Date of Receipt   |
| City  | State Zip Code  | 06 04 2013<br>Transaction ID : 20938034                       |
| League City   | TX 77573-3283   | Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.  | C   | 300.00  |
| Name of Employer<br>Bay Area Podiatry Associates  | Occupation Podiatric Physician                        |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  300.00                      |   |
| Full Name (Last, First, Middle Initial)  Dr. William H. Dabdoub   | 1   | Date of Receipt   |
| Mailing Address 100 Ayshire Ct.   |   | 06 06 2013  |
| City<br>Slidell   | State Zip Code<br>LA 70461-5034                       | Transaction ID : 20938910  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  | C   | 150.00  |
| Name of Employer Self-Employed  | Occupation Podiatric Physician                        |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 1900.00                      |   |
| SUBTOTAL of Receipts This Page (options   | al)   | 950.00  |
|   | mber only)  |   |

| FOF              | FOR LINE NUMBER: |  |     |  | PAGE | 7  | OF | 39 |
|------------------|------------------|--|-----|--|------|----|----|----|
| (check only one) |                  |  |     |  |      |    |    |    |
| X                | 11a              |  | 11b |  | 11c  | 12 | 2  |    |
|                  | 13               |  | 14  |  | 15   | 16 | 6  | 17 |

|  | and Statements may not be sold or used by any pering the name and address of any political committee to |                                    |
|--|---|------------------------------------|
| NAME OF COMMITTEE (In Full)  | Apposition Delitical Astina County  |                                    |
| / American Podiatric Medical                                       | Association Political Action Committee  | <del></del>                        |
| Full Name (Last, First, Middle Initial)  1. Dr. Ronald L. Soave    |   | Date of Receipt                    |
| Mailing Address 8407 15th Ave.                                     |   | 06 06 2013                         |
| City   | State Zip Code  | Transaction ID : 20939736          |
| Brooklyn   | NY 11228-3401   | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.         | C   | 300.00                             |
| Name of Employer   | Occupation  | 1                                  |
| Self-Employed  | Podiatric Physician   |                                    |
| Receipt For:   | Aggregate Year-to-Date ▼  | 1                                  |
| Primary General  | 0.0   |                                    |
| Other (specify) ▼  | 300.00  |                                    |
| Full Name (Last, First, Middle Initial)  3. Dr. Raymond J. Mollica |   | Date of Receipt                    |
| Mailing Address 8223 14th Ave.                                     |   | 06 06 2013 _                       |
| City   | State Zip Code  | Transaction ID : 20939746          |
| Brooklyn   | NY 11228-3113   | Amount of Each Receipt this Period |
| FEC ID number of contributing                                      |   | 1                                  |
| federal political committee.                                       | C   | 300.00                             |
| Name of Employer   | Occupation  |                                    |
| Self-Employed  | Podiatric Physician   | _                                  |
| Receipt For:   | Aggregate Year-to-Date ▼  |                                    |
| Primary General  | 0.0   |                                    |
| Other (specify) ▼  | 300.00  |                                    |
| Full Name (Last, First, Middle Initial)  Dr. Paul Z. Sheremeta     |   | Date of Receipt                    |
| Mailing Address Capital Foot Specialists 3761 Carman Rd.           |   | 06 06 2013                         |
| City   | State Zip Code  | Transaction ID : 20939751          |
| Schenectady  | NY 12303-5418   | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.         | C   | 1000.00                            |
| Name of Employer   | Occupation  | 1                                  |
| Capital Foot Specialists   | Podiatric Physician   | 4                                  |
| Receipt For:   | Aggregate Year-to-Date ▼  |                                    |
| Primary General  | 2000.00   |                                    |
| Other (specify) ▼  | 2000.00   |                                    |
| SUBTOTAL of Receipts This Page (option                             | nal)  | 1600.00                            |
| or mossiple this rage (option                                      |   |                                    |
| TOTAL This Period (last page this line nu                          | mber only)  |                                    |

Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: |   |     |  | PAGE | 8 | OF  | 39 |   |    |
|------------------|---|-----|--|------|---|-----|----|---|----|
| (check only one) |   |     |  |      |   |     |    |   |    |
|                  | X | 11a |  | 11b  |   | 11c | 12 |   |    |
|                  |   | 13  |  | 14   |   | 15  | 16 | ; | 17 |

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| or for commercial purposes, other than using t  | he name and address of any political committee to | solicit contributions from such committee.                                |
|---|---|---|
| /   | ssociation Political Action Committe              | ee  |
| Full Name (Last, First, Middle Initial)  Dr. Scott Altman  Mailing Address 185 E. 85th St. #23H |   | Date of Receipt   |
| City<br>New York  | State Zip Code<br>NY 10028-2149                   | 06 06 2013  Transaction ID : 20939752  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                      | C   | 300.00  |
| Name of Employer<br>Self-Employed   | Occupation Podiatric Physician                    |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 300.00                   |   |
| Full Name (Last, First, Middle Initial)  B. Dr. Todd Rotwein  Mailing Address 225 Calf Dr.      |   | Date of Receipt   |
| Mailing Address 335 Golf Dr.  City  | State Zip Code                                    | 06 06 2013  Transaction ID : 20939754                                     |
| Oceanside  FEC ID number of contributing federal political committee.                           | NY 11572-5614                                     | Amount of Each Receipt this Period 250.00                                 |
| Name of Employer<br>Self-Employed   | Occupation Podiatric Physician                    |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  250.00                  |   |
| Full Name (Last, First, Middle Initial)  C. Dr. Gino Scartozzi                                  |   | Date of Receipt   |
| Mailing Address 2 Aberdeen Rd.  |   | 06 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                               |
| City<br>New Hyde Park   | State Zip Code<br>NY 11040-2102                   | Transaction ID : 20939755  Amount of Each Receipt this Period             |
| FEC ID number of contributing federal political committee.                                      | C   | 500.00  |
| Name of Employer  New Hyde Park Podiatry  | Occupation Podiatric Physician                    |   |
| Receipt For:  Primary  General  Other (specify)   | Aggregate Year-to-Date ▼  500.00                  |   |
| SUBTOTAL of Receipts This Page (optional).  | <b>&gt;</b>                                       | 1050.00   |
| TOTAL This Period (last page this line number   |   |   |

Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: |              |     |  | PAGE | 9  | OF | 39 |
|------------------|--------------|-----|--|------|----|----|----|
| (check only one) |              |     |  |      |    |    |    |
| [                | <b>X</b> 11a | 11b |  | 11c  | 12 | !  |    |
|                  | 13           | 14  |  | 15   | 16 | ;  | 17 |

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| or for commercial purposes, other than usin                       | g the name and address of any political committee to | o solicit contributions from such committee. |
|---|--|--|
| NAME OF COMMITTEE (In Full)  American Podiatric Medical           | Association Political Action Committe                | ee   |
| /   |  |  |
| Full Name (Last, First, Middle Initial)  1. Dr. Alvin J. Kanegis  |  | Date of Receipt                              |
| Mailing Address 78 Page Ln.                                       |  | 06 06 2013                                   |
| City  | State Zip Code                                       | Transaction ID : 20939758                    |
| Westbury  | NY 11590-6213  | Amount of Each Receipt this Period           |
| FEC ID number of contributing                                     |  | 7 thount of Each Hoodipt this 1 chod         |
| federal political committee.                                      | C  | 150.00                                       |
| Name of Employer  | Occupation   |  |
| Self-Employed   | Podiatric Physician                                  |  |
| Receipt For:  | Aggregate Year-to-Date ▼                             |  |
| Primary General Other (specify) ▼                                 | 450.00   |  |
| Full Name (Last, First, Middle Initial)  3. Dr. Daniel B. Keating | I  | Date of Receipt                              |
| Mailing Address 165 Burroughs Dr.                                 |  | <del>-</del>                                 |
| Maining Address 165 Burrougns Dr.                                 |  | 06 06 2013                                   |
| City  | State Zip Code                                       | Transaction ID : 20939759                    |
| Buffalo   | NY 14226-3968  | Amount of Each Receipt this Period           |
| FEC ID number of contributing                                     |  |  |
| federal political committee.                                      | C  | 300.00                                       |
| Name of Employer  | Occupation   | -  |
| Self-Employed   | Podiatric Physician                                  |  |
| Receipt For:  | <u> </u>   | -  |
| Primary General   | Aggregate Year-to-Date ▼                             |  |
| Other (specify)   | 450.00   |  |
|   | 7 7  |  |
| Full Name (Last, First, Middle Initial)  Dr. Matthew Kassnove     |  | Date of Receipt                              |
| Mailing Address 28 Deepdale Dr.                                   |  | 06 06 2013                                   |
| City  | State Zip Code                                       | Transaction ID : 20939761                    |
| Commack   | NY 11725-5506  | Amount of Each Receipt this Period           |
| FEC ID number of contributing federal political committee.        | C  | 300.00                                       |
| Name of Employer  | Occupation   |  |
| Self-Employed   | Podiatric Physician                                  |  |
| Receipt For:  | Aggregate Year-to-Date ▼                             | 1  |
| Primary General   | 1.99.093.0 103.10 24.0 7                             |  |
| Other (specify) ▼   | 300.00   |  |
| SUBTOTAL of Receipts This Page (optional                          | al)  | 750.00                                       |
|   |  |  |
| TOTAL This Period (last page this line nur                        | niber only)  |  |

| FOR LINE NUMBER: |     |  |     |  | PAGE | _ 1 | 10 | OF |  | 39 |
|------------------|-----|--|-----|--|------|-----|----|----|--|----|
| (check only one) |     |  |     |  |      |     |    |    |  |    |
| ×                | 11a |  | 11b |  | 11c  |     | 12 |    |  |    |
|                  | 13  |  | 14  |  | 15   |     | 16 | ;  |  | 17 |

|  | and Statements may not be sold or used by any pering the name and address of any political committee |                                    |
|--|--|------------------------------------|
| NAME OF COMMITTEE (In Full)                                      | Association Political Action Committ   | 00                                 |
|  | Association Political Action Committ   | <del>ee</del>                      |
| Full Name (Last, First, Middle Initial)  Dr. Michael L. Wodka    |  | Date of Receipt                    |
| Mailing Address 10 Bristol Dr.                                   |  | 06 06 2013                         |
| City   | State Zip Code   | Transaction ID: 20939762           |
| Middletown   | NY 10941-5206  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.       | C  | 300.00                             |
| Name of Employer   | Occupation   | -                                  |
| Self-Employed  | Podiatric Physician  |                                    |
| Receipt For:   | Aggregate Year-to-Date ▼   | 1                                  |
| Primary General  | riggregate real to Date ₹  |                                    |
| Other (specify) ▼  | 300.00   |                                    |
| Full Name (Last, First, Middle Initial)  Dr. Bruce J. McLaughlin |  | Date of Receipt                    |
| Mailing Address 1111 Montauk Hwy.                                |  | 06 06 2013                         |
| City   | State Zip Code   | Transaction ID : 20939765          |
| West Islip   | NY 11795-4910  | Amount of Each Receipt this Period |
| FEC ID number of contributing                                    |  |                                    |
| federal political committee.                                     | C  | 300.00                             |
| Name of Employer   | Occupation   |                                    |
| Self-Employed  | Podiatric Physician  |                                    |
| Receipt For:   | Aggregate Year-to-Date ▼   |                                    |
| Primary General  | 200.00   |                                    |
| Other (specify) ▼  | 300.00   |                                    |
| Full Name (Last, First, Middle Initial)  Dr. Joel W. Brook       |  | Date of Receipt                    |
| Mailing Address 16226 Red Cedar Trl.                             |  | 06 07 2013                         |
| City   | State Zip Code   | Transaction ID : 20940121          |
| Dallas   | TX 75248-3940  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.       | С  | 1000.00                            |
| Name of Employer   | -  |                                    |
| Dallas Podiatry Works  | Podiatric Physician  |                                    |
| Receipt For:   | Aggregate Year-to-Date ▼   |                                    |
| Primary General  | 1000.00  |                                    |
| Other (specify) ▼  | 1000.00  |                                    |
| SUBTOTAL of Receipts This Page (option                           | al)  | 1600.00                            |
|  | ·  |                                    |
| TOTAL This Period (last page this line null                      | mber only)   |                                    |

| FOR  | PAGE    | _ 1 | 11  | OF | 39  |  |    |   |    |
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| X    | 11a     |     | 11b |    | 11c |  | 12 |   |    |
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| NAME OF COMMITTEE (In Full)  | Association Political Action Committee |                                      |  |  |
|--|--|--------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) Dr. Billy B. Westbrook  Mailing Address 11739 Hwy. 80 W. | r. Billy B. Westbrook                  |                                      |  |  |
| City   | State Zip Code                         | 06 03 2013 Transaction ID : 20940149 |  |  |
| Hallsville   | TX 75650-5320                          | Amount of Each Receipt this Period   |  |  |
| FEC ID number of contributing federal political committee.                                       | С                                      | 300.00                               |  |  |
| Name of Employer   | Occupation                             |                                      |  |  |
| Self-Employed  | Podiatric Physician                    |                                      |  |  |
| Receipt For:   | Aggregate Year-to-Date ▼               |                                      |  |  |
| Primary ☐ General  Other (specify) ▼   | 300.00                                 |                                      |  |  |
| Full Name (Last, First, Middle Initial)  Dr. Chris C. Panagoulias                                | •                                      | Date of Receipt                      |  |  |
| Mailing Address 30 Bates Dr.   |  | M = M / D = D / Y = Y = Y            |  |  |
| City   | State Zip Code                         | 06 03 2013                           |  |  |
| Nashua   | NH 03064-1701                          | Transaction ID : 20940151            |  |  |
|  | 1111 03004-1701                        | Amount of Each Receipt this Period   |  |  |
| FEC ID number of contributing federal political committee.                                       | C                                      | 300.00                               |  |  |
| Name of Employer   | Occupation                             | 7                                    |  |  |
| Self-Employed  | Podiatric Physician                    |                                      |  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 300.00        |                                      |  |  |
| Full Name (Last, First, Middle Initial)  |  | Date of Receipt                      |  |  |
| Mailing Address 9 E. Alary Ln.   |  | 06 10 _2013 _                        |  |  |
| City   | State Zip Code                         | Transaction ID : 20942450            |  |  |
| Corrales   | NM 87048-8307                          | Amount of Each Receipt this Period   |  |  |
| FEC ID number of contributing federal political committee.                                       | C                                      | 100.00                               |  |  |
| Name of Employer   | Occupation                             |                                      |  |  |
| ABQ Health Partners  | Podiatric Physician                    |                                      |  |  |
| Receipt For:   | Aggregate Year-to-Date ▼               | 7                                    |  |  |
| Primary General  |  |                                      |  |  |
| Other (specify) ▼  | 250.00                                 |                                      |  |  |
| SUBTOTAL of Receipts This Page (option   | al)                                    | 700.00                               |  |  |
|  | <u> </u>                               |                                      |  |  |
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| X    | 11a              |     | 11b |  | 11c |   | 12 |    |    |
|      | 13               |     | 14  |  | 15  |   | 16 |    | 17 |

| 1 1 .   | the name and address of any political committee t | o solicit contributions from such committee. |
|---|---|--|
| NAME OF COMMITTEE (In Full)  American Podiatric Medical A       | Association Political Action Committe             | ee   |
|   |   |  |
| Full Name (Last, First, Middle Initial)  Dr. Andrew C. Schink   |   | Date of Receipt                              |
| Mailing Address 1715 Cameo Dr.                                  |   | 06 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |
| City  | State Zip Code                                    | Transaction ID : 20942452                    |
| Eugene  | OR 97405-5897                                     | Amount of Each Receipt this Period           |
| FEC ID number of contributing federal political committee.      | C   | 10.00  |
| Name of Employer  | Occupation  | 1  |
| Self-Employed   | Podiatric Physician                               |  |
| Receipt For:  | Aggregate Year-to-Date ▼                          | 1  |
| Primary General   | 00 0  |  |
| Other (specify) ▼   | 520.00  |  |
| Full Name (Last, First, Middle Initial)  3. Dr. John A. Marty   |   | Date of Receipt                              |
| Mailing Address 102 Woodland Dr.                                | 06 11 2013  |  |
| City  | State Zip Code                                    | Transaction ID : 20943070                    |
| Sarver  | PA 16055-9450                                     | Amount of Each Receipt this Period           |
| FEC ID number of contributing                                   |   | 1  |
| federal political committee.                                    | C   | 150.00                                       |
| Name of Employer  | Occupation  | -  |
| Ankle & Foot Care, Inc.   | Podiatric Physician                               |  |
| Receipt For:  | <u> </u>  | 1  |
| Primary General   | Aggregate Year-to-Date ▼                          |  |
| Other (specify) ▼   | 250.00  |  |
| Full Name (Last, First, Middle Initial)  Dr. Ronald S. Markizon |   | Date of Pagaint                              |
|   |   | Date of Receipt                              |
| Mailing Address 2443 Madison Ave.                               |   | 06 11 2013                                   |
| City  | State Zip Code                                    | Transaction ID : 20943258                    |
| Vineland  | NJ 08361-6128                                     | Amount of Each Receipt this Period           |
| FEC ID number of contributing federal political committee.      | C   | 1000.00                                      |
| Name of Employer  | _   |  |
| Self-Employed   | Podiatric Physician                               | _  |
| Receipt For:  | Aggregate Year-to-Date ▼                          |  |
| Primary General   | 1000.00   |  |
| Other (specify) ▼   | 1000.00   |  |
| CURTOTAL of Descipts This Desc (authors)                        |   | 1160.00                                      |
| SUBTUTAL of Receipts This Page (optional                        | )   |  |
| TOTAL This Period (last page this line num                      | ber only)   |  |

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. William M. Jenkin Date of Receipt Mailing Address 130 Nadina Way 2013 06 City Zip Code State Transaction ID: 20948106 CA Greenbrae 94904-1131 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Parnassus Heights Podiatry Group Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Laura A. Lloyd Date of Receipt Mailing Address Pamlico Podiatry Associates, P.A. 403 W. 15th St. 06 14 2013 City State Zip Code Transaction ID: 20948109 NC Washington 27889-3524 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Pamlico Podiatry Associates, P.A. Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Bruce M. Jacob Date of Receipt Mailing Address 4319 Foxpointe Dr. 06 15 2013 City State Zip Code Transaction ID: 20948427 MI West Bloomfield 48323-2615 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 OF 39 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Steve R. Feller Date of Receipt Mailing Address 7507 Custer Rd. W. 2013 City State Zip Code Transaction ID: 20948438 98499-8138 WA Tacoma Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Podiatric Physician Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Phillip E. Ward Date of Receipt Mailing Address 2321 Timberlane Dr. 06 2013 17 City State Zip Code Transaction ID: 20948460 SC 29506-8338 Florence Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Carolina Health Care Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00

| Full Name (Last, First, Middle Initial)  C. Dr. Melvin Bernard Price |                     | Date of Receipt                    |
|--|---------------------|------------------------------------|
| Mailing Address 4206 30th Ln. E.                                     |                     | 06 17 2013                         |
| City   | State Zip Code      | Transaction ID : 20948489          |
| Bradenton  | FL 34208-7383       | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.           | С                   | 300.00                             |
| Name of Employer   | Occupation          | -                                  |
| Riverview Foot & Ankle Specialists                                   | Podiatric Physician |                                    |

Aggregate Year-to-Date ▼

| SUBTOTAL of Receipts This Page (optional)           | _ | 7   |  | 7 |  | 600.0 | 00 |
|---|---|-----|--|---|--|-------|----|
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300.00

Receipt For:

Primary

Other (specify)

General

Other (specify)

| FOR LINE     | NUMBER: | PAGE | 15 OF | 39 |
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| <b>X</b> 11a | 11b     | 11c  | 12    |    |
| 13           | 14      | 15   | 16    | 17 |

|   | and Statements may not be sold or used by any per<br>g the name and address of any political committee t |                                    |  |  |  |  |
|---|--|------------------------------------|--|--|--|--|
| NAME OF COMMITTEE (In Full)                                       |  |                                    |  |  |  |  |
| / American Podiatric Medical                                      | Association Political Action Committe  | ee                                 |  |  |  |  |
| Full Name (Last, First, Middle Initial)  A. Dr. Ira Spinner       |  |                                    |  |  |  |  |
| Mailing Address 10075 S. Jog Rd.                                  |  | Date of Receipt  06 17 2013        |  |  |  |  |
| City  | State Zip Code   | Transaction ID : 20948499          |  |  |  |  |
| Boynton Beach   | FL 33437-3535  | Amount of Each Receipt this Period |  |  |  |  |
| FEC ID number of contributing federal political committee.        | C  | 300.00                             |  |  |  |  |
| Name of Employer  | Occupation   | †                                  |  |  |  |  |
| Foot Care Center of Palm Beach                                    | Podiatric Physician  |                                    |  |  |  |  |
| Receipt For:  | Aggregate Year-to-Date ▼   | 1                                  |  |  |  |  |
| Primary General   | 00 0   |                                    |  |  |  |  |
| Other (specify) ▼   | 300.00   |                                    |  |  |  |  |
| Full Name (Last, First, Middle Initial)  3. Dr. Thomas S. Matysik |  | Date of Receipt                    |  |  |  |  |
| Mailing Address 2246 Hwy. 44 W.                                   |  | 06 17 2013 _                       |  |  |  |  |
| City  | State Zip Code   | Transaction ID : 20948500          |  |  |  |  |
| Inverness   | FL 34453-3808  | Amount of Each Receipt this Period |  |  |  |  |
| FEC ID number of contributing                                     |  | T                                  |  |  |  |  |
| federal political committee.                                      | C  | 500.00                             |  |  |  |  |
| Name of Employer  | Occupation   |                                    |  |  |  |  |
| Self-Employed   | Podiatric Physician  |                                    |  |  |  |  |
| Receipt For:  | Aggregate Year-to-Date ▼   |                                    |  |  |  |  |
| Primary General   | 500.00   |                                    |  |  |  |  |
| Other (specify) ▼   | 500.00   |                                    |  |  |  |  |
| Full Name (Last, First, Middle Initial)  Dr. Joseph M. Hughes     |  | Date of Receipt                    |  |  |  |  |
| Mailing Address 2311 Ocean View Dr.                               |  | 06 18 _ 2013 _                     |  |  |  |  |
| City  | State Zip Code   | Transaction ID : 20951582          |  |  |  |  |
| Signal Hill   | CA 90755-3778  | Amount of Each Receipt this Period |  |  |  |  |
| FEC ID number of contributing federal political committee.        | C  | 60.00                              |  |  |  |  |
| Name of Employer  | Occupation   | 1                                  |  |  |  |  |
| Los Alamitos Foot Center  | Podiatric Physician  |                                    |  |  |  |  |
| Receipt For:  | Aggregate Year-to-Date ▼   |                                    |  |  |  |  |
| Primary General   | 240.00   |                                    |  |  |  |  |
| Other (specify) ▼   | 240.00   |                                    |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional                          | al)  | 860.00                             |  |  |  |  |
| TOTAL This Desired floor  | abov only)   |                                    |  |  |  |  |
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|                  |    | 13          | 14     |   | 15   | 16     |    | 17 |

|   | nd Statements may not be sold or used by any per<br>g the name and address of any political committee t |   |
|---|---|---|
| NAME OF COMMITTEE (In Full)   | Vaccointian Political Astron Committee  |   |
| / American Podlatric Medical A  | Association Political Action Committe   | <del></del>                                 |
| Full Name (Last, First, Middle Initial)  1. Dr. Jeffrey Frederick       |   | Date of Receipt                             |
| Mailing Address 30005 Forest Dr.  |   | 06 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City  | State Zip Code  | Transaction ID: 20956583                    |
| Franklin  | MI 48025-1580   | Amount of Each Receipt this Period          |
| FEC ID number of contributing federal political committee.              | C   | 100.00                                      |
| Name of Employer  | Occupation  | 1   |
| Self-Employed   | Podiatric Physician   |   |
| Receipt For:  | Aggregate Year-to-Date ▼  |   |
| Primary General   | 00 0  |   |
| Other (specify) ▼   | 600.00  |   |
| Full Name (Last, First, Middle Initial)  3. Dr. Thomas Takashi Pignetti |   | Date of Receipt                             |
| Mailing Address 20 Painted Sunset                                       |   | 06 17 2013                                  |
| City  | State Zip Code  | Transaction ID : 20960453                   |
| The Woodlands   | TX 77380-4211   | Amount of Each Receipt this Period          |
| FEC ID number of contributing   |   |   |
| federal political committee.  | C   | 500.00                                      |
| Name of Employer  | Occupation  | 1   |
| Advanced Foot Care  | Podiatric Physician   | _   |
| Receipt For:  | Aggregate Year-to-Date ▼  |   |
| Primary General   | 00 0  |   |
| Other (specify) ▼   | 500.00  |   |
| Full Name (Last, First, Middle Initial)  Dr. Walter R. Wolf             |   | Date of Receipt                             |
| Mailing Address 12 Priestly Rd.   |   | 06 18 2013                                  |
| City  | State Zip Code  | Transaction ID : 20960454                   |
| South Hadley  | MA 01075-1048   | Amount of Each Receipt this Period          |
| FEC ID number of contributing federal political committee.              | C   | 300.00                                      |
| Name of Employer  | 1   |   |
| Valley Podiatry Associates  | Podiatric Physician   | 4   |
| Receipt For:  | Aggregate Year-to-Date ▼  |   |
| Primary General   | 300.00  |   |
| Other (specify) ▼   | 300.00  |   |
| SUBTOTAL of Receipts This Page (antional                                | l)  | 900.00                                      |
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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. William A. Harr Date of Receipt Mailing Address 2020 Hwy. A1A #101 2013 06 19 City State Zip Code Transaction ID: 20961994 FL Indian Harbour Beach 32937-3581 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Vada Kathleen Satterfield Date of Receipt Mailing Address 10685 Concannon St. 2013 06 21 City State Zip Code Transaction ID: 20962120 CA Rancho Cucamonga 91737-6922 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Disabled Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Robert J. Warkala Date of Receipt Mailing Address 59 Harrowgate Dr. 06 21 2013 City Zip Code State Transaction ID: 20962121 NJ Cherry Hill 08003-1938 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Podiatric Physician Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 425.00 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 18 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Roy O. Kroeker Date of Receipt Mailing Address 6061 N. 1st St. #103 20 2013 06 City State Zip Code Transaction ID: 20962212 CA Fresno 93710-5470 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Bill J. Metaxas Date of Receipt Mailing Address 1415 Pacheco St. 06 20 2013 City State Zip Code Transaction ID: 20962213 CA San Francisco 94116-1258 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Silicon Valley Podiatry Group Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Richard H. Rolfes Date of Receipt Mailing Address 834 Green Ave. 06 20 2013 City State Zip Code Transaction ID: 20962215 CA San Bruno 94066-3130 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation Podiatric Physician Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 1550.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Kenneth Wells Date of Receipt Mailing Address 286 Euclid Ave. #204 2013 06 20 City State Zip Code Transaction ID: 20962218 CA San Diego 92114-3612 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Michael J. Hattan Date of Receipt Mailing Address 1900 Diana Ln. 06 20 2013 City State Zip Code Transaction ID: 20962219 CA Newport Beach 92660-4432 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Sally Thanh Pham Date of Receipt Mailing Address San Francisco Foot & Ankle Group 06 20 2013 410 16th Ave. Zip Code City State Transaction ID: 20962220 CA San Francisco 94118-2812 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 800.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

#### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 20 OF

| EMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page | `      | ck only<br>11a<br>13 | ·—    | ,<br>1b |      | 11c      |     | 12<br>16 |     | 17 |
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| y information copied from such Reports and Statements ma | ay not be sold or used by any pe  | rson f | or the               | purpo | se o    | f so | liciting | cor | ntributi | ons |    |

Ar or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Michael L. Boyd Date of Receipt Mailing Address 3934 W. Grove Ct. 20 2013 06 City State Zip Code Transaction ID: 20962221 CA Visalia 93291-4163 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Podiatric Physician Sequoia Foot Care Group Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. William C. Landrey Date of Receipt Mailing Address 9474 Baseline Rd. 06 20 2013 City State Zip Code Transaction ID: 20962222 CA Alta Loma 91701-5822 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Kevin Liem Ho Date of Receipt Mailing Address 1733 N. Marine Dr. 20 2013 06 City State Zip Code Transaction ID: 20962232 CA Villa Park 92867-4064 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Podiatric Physician Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 1100.00 SUBTOTAL of Receipts This Page (optional).....

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|  | (che | ck only | or | ne) |  |     |   |    |    |    |
|  | ×    | 11a     |    | 11b |  | 11c |   | 12 |    |    |
|  |      | 13      |    | 14  |  | 15  |   | 16 | ;  | 17 |

|   | the name and address of any political committee t |  |
|---|---|--|
| NAME OF COMMITTEE (In Full)                                       | pagainting Deligned A. g. C. 100                  |  |
| / American Podiatric Medical A<br>                                | ssociation Political Action Committe              | ee<br>                                 |
| Full Name (Last, First, Middle Initial)  A. Dr. David G. Edwards  |   | Date of Receipt                        |
| Mailing Address 1651 Saddle Hill Dr.                              |   | 06 22 2013                             |
| City  | State Zip Code                                    | Transaction ID : 20962423              |
| Logan   | UT 84321-4828                                     | Amount of Each Receipt this Period     |
| FEC ID number of contributing federal political committee.        | C   | 90.00                                  |
| Name of Employer  | Occupation  | 1                                      |
| Self-Employed   | Podiatric Physician                               |  |
| Receipt For:  | Aggregate Year-to-Date ▼                          | 1                                      |
| Primary General   | 55 0  |  |
| Other (specify) ▼   | 450.00  |  |
| Full Name (Last, First, Middle Initial)  Dr. Joseph S. Borreggine |   | Date of Receipt                        |
| Mailing Address 924 Hawthorne Drive                               |   | 06 22 _2013 _                          |
| City  | State Zip Code                                    | Transaction ID : 20962426              |
| Charleston  | IL 61920-8260                                     | Amount of Each Receipt this Period     |
| FEC ID number of contributing                                     |   |  |
| federal political committee.                                      | C   | 125.00                                 |
| Name of Employer  | Occupation  | 7                                      |
| Touching Ground Podiatry, P.C.                                    | Podiatric Physician                               | ĺ                                      |
| Receipt For:  | Aggregate Year-to-Date ▼                          |  |
| Primary General   | 55 0  |  |
| Other (specify) ▼   | 450.00  |  |
| Full Name (Last, First, Middle Initial)  Dr. Andrew J. Schneider  |   | Date of Receipt                        |
| Mailing Address 4326 Sarong Dr.                                   |   | 06 23 2013                             |
| City  | State Zip Code                                    | 7 U6 23 2013 Transaction ID : 20962436 |
| Houston   | TX 77096-4425                                     | Amount of Each Receipt this Period     |
| FEC ID number of contributing federal political committee.        | C   | 85.00                                  |
| Name of Employer  | Occupation  | 1                                      |
| Tanglewood Foot Specialists                                       | Podiatric Physician                               | 1                                      |
| Receipt For:  | Aggregate Year-to-Date ▼                          | 1                                      |
| Primary General   |   | 1                                      |
| Other (specify) ▼   | 510.00  |  |
| SUBTOTAL of Receipts This Page (ontional)                         |   | 300.00                                 |
|   |   |  |
| TOTAL This Period (last page this line numb                       | per only)   |  |

| ( )        | FOF  | PAGE    | . 2 | 22  | OF | 39  |  |    |  |    |
|------------|------|---------|-----|-----|----|-----|--|----|--|----|
| e(s)<br>ne | (che | ck only | or  | ne) |    |     |  |    |  |    |
| je         | ×    | 11a     |     | 11b |    | 11c |  | 12 |  |    |
| , •        |      | 13      |     | 14  |    | 15  |  | 16 |  | 17 |

|   | nd Statements may not be sold or used by any per-<br>g the name and address of any political committee t |                                    |
|---|--|------------------------------------|
| NAME OF COMMITTEE (In Full)                                     | Nanadadis B. III. 1. A. C. C.  |                                    |
| / American Podiatric Medical A                                  | Association Political Action Committee   | ee<br>                             |
| Full Name (Last, First, Middle Initial)  Dr. Jason W. Rockwood  |  | Date of Receipt                    |
| Mailing Address 3 Autumn Light Pl.                              |  | 06 23 2013                         |
| City  | State Zip Code   | Transaction ID: 20962437           |
| Santa Fe  | NM 87508-1334  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.      | C  | 50.00                              |
| Name of Employer  | Occupation   | †                                  |
| Glacier Foot & Ankle Associates                                 | Podiatric Physician  |                                    |
| Receipt For:  | Aggregate Year-to-Date ▼   | 7                                  |
| Primary General   | 00 0   |                                    |
| Other (specify) ▼   | 300.00   |                                    |
| Full Name (Last, First, Middle Initial)  Dr. Benjamin W. Weaver |  | Date of Receipt                    |
| Mailing Address Central KS Podiatry Associated                  | ciates   | M = M / D = D / Y = Y = Y          |
| 2081 N. Webb Rd.  |  | 06 23 2013                         |
| City  | State Zip Code   | Transaction ID: 20962438           |
| Wichita   | KS 67206-3411  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.      | C  | 50.00                              |
| Name of Employer  | Occupation   |                                    |
| Central KS Podiatry Associates                                  | Podiatric Physician  | _                                  |
| Receipt For:  | Aggregate Year-to-Date ▼   |                                    |
| Primary General Other (specify) ▼                               | 300.00   |                                    |
| Full Name (Last, First, Middle Initial)  Dr. Steven E. Black    |  | Date of Receipt                    |
| Mailing Address 22855 Sparrowdell Dr.                           |  | 06 242013                          |
| City  | State Zip Code   | Transaction ID : 20962473          |
| Calabasas   | CA 91302-1820  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.      | C  | 50.00                              |
| Name of Employer  | Occupation   | †                                  |
| Self Employed   | Podiatric Physician  |                                    |
| Receipt For:  | Aggregate Year-to-Date ▼   | 1                                  |
| Primary General   |  |                                    |
| Other (specify) ▼   | 300.00   | <u></u> _                          |
| SUBTOTAL of Receipts This Page (optional                        | 1)   | 150.00                             |
|   | <u> </u>   |                                    |
| TOTAL This Period (last page this line num                      | ber only)  |                                    |

#### SCHEDULE A (FEC Form 3X) ITE

FOR LINE NUMBER: PAGE 23 OF

| MIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page | ` | ck only<br>11a<br>13 | <br>e)<br>11b<br>14 | 11c<br>15 | 12<br>16 | 17 |
|--|---|---|----------------------|---------------------|-----------|----------|----|
| information copied from such Reports and Statements ma |   |   |                      |                     | _         |          |    |

|   | the name and address of any political committee t |                                    |
|---|---|------------------------------------|
| NAME OF COMMITTEE (In Full)  American Podiatric Medical A           | Association Political Action Committee            |                                    |
| ,   | 100001ation i Oittoai Auton Committe              | · ·                                |
| Full Name (Last, First, Middle Initial) Dr. Stuart C. Steinberg     |   | Date of Receipt                    |
| Mailing Address 11273 Dona Lisa Dr.                                 |   | 06 21 2013                         |
| City  | State Zip Code                                    | Transaction ID : 20963068          |
| Studio City   | CA 91604-4314                                     | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.          | C   | 300.00                             |
| Name of Employer  | Occupation  | 1                                  |
| Burbank Foot Care Center  | Podiatric Physician                               |                                    |
| Receipt For:  | Aggregate Year-to-Date ▼                          | 1                                  |
| Primary General   |   |                                    |
| Other (specify) ▼   | 300.00  |                                    |
| Full Name (Last, First, Middle Initial)  Dr. Lee Christopher Rogers |   | Date of Receipt                    |
| Mailing Address 3304 Soft Whisper Ct.                               |   | 06 21 2013 _                       |
| City  | State Zip Code                                    | Transaction ID : 20963069          |
| Simi Valley   | CA 93065-0593                                     | Amount of Each Receipt this Period |
| FEC ID number of contributing                                       |   |                                    |
| federal political committee.  | C   | 500.00                             |
| Name of Employer  | Occupation  | -                                  |
| Valley Presbyterian Hospital  | Podiatric Physician                               |                                    |
| Receipt For:  | Aggregate Year-to-Date ▼                          | 1                                  |
| Primary General   |   |                                    |
| Other (specify) ▼   | 500.00  |                                    |
| Full Name (Last, First, Middle Initial)                             |   | Date of Receipt                    |
| Mailing Address 102 Winthrop St.                                    |   | 06 22 2013                         |
| City  | State Zip Code                                    | 7 Transaction ID : 20963127        |
| Taunton   | MA 02780-4124                                     | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.          | C   | 500.00                             |
| Name of Employer  | Occupation  | -                                  |
| Receipt For:  | Aggregate Year-to-Date ▼                          | -                                  |
| Primary General   |   |                                    |
| Other (specify) ▼   | 500.00  |                                    |
| SURTOTAL of Descripto This Descriptional                            | )   | 1300.00                            |
| GODICIAL OF Receipts This Page (optional                            | )   | 1000.00                            |
| TOTAL This Period (last page this line num                          | ber only)   |                                    |

| ı | FOR LIN          | E NUMBER | : PAGE | E 24 OF | 39 |  |  |  |  |
|---|------------------|----------|--------|---------|----|--|--|--|--|
|   | (check only one) |          |        |         |    |  |  |  |  |
|   | <b>X</b> 11a     | 11b      | 11c    | 12      |    |  |  |  |  |
|   | 13               | 14       | 15     | 16      | 17 |  |  |  |  |

| Full Name (Last, First, Middle Initial) Dr. William Lowe  Mailing Address 21 Kerr Ave.  City Kensington  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Receipt For: Primary  General | State Zip Code CA 94707-1023  C  Occupation Podiatric Physician  Aggregate Year-to-Date ▼  500.00 | Date of Receipt  06 24 2013  Transaction ID : 20963169  Amount of Each Receipt this Period  500.00 |
|---|---|--|
| City Kensington  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Receipt For:  | CA 94707-1023  C Occupation Podiatric Physician Aggregate Year-to-Date ▼                          | 06 24 2013  Transaction ID : 20963169  Amount of Each Receipt this Period                          |
| Kensington  FEC ID number of contributing federal political committee.  Name of Employer  Self-Employed  Receipt For:   | CA 94707-1023  C Occupation Podiatric Physician Aggregate Year-to-Date ▼                          | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  Name of Employer  Self-Employed  Receipt For:   | Occupation Podiatric Physician Aggregate Year-to-Date ▼   |  |
| federal political committee.  Name of Employer  Self-Employed  Receipt For:   | Occupation Podiatric Physician Aggregate Year-to-Date ▼   | 500.00   |
| Self-Employed Receipt For:  | Podiatric Physician  Aggregate Year-to-Date ▼   |  |
| Receipt For:  | Aggregate Year-to-Date ▼  |  |
|   |   |  |
| Primary   General   | 500.00  |  |
| Other (specify) ▼   |   |  |
| Full Name (Last, First, Middle Initial) Dr. Richard Andrew Leichter   |   | Date of Receipt  |
| Mailing Address 130 Maple Ave. #3B  |   | M = M / D = D / Y = Y = Y  |
| City  | State Zip Code  | 06 24 2013   |
| Red Bank  | NJ 07701-1729   | Transaction ID : 20963204  Amount of Each Receipt this Period                                      |
| FEC ID number of contributing   |   | Amount of Lacif neceipt this Fellod  |
| federal political committee.  | C   | 150.00   |
| Name of Employer  | Occupation  |  |
| Self-Employed   | Podiatric Physician   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 300.00   |  |
| Full Name (Last, First, Middle Initial)  Dr. Animesh S. Bhatia  |   | Date of Receipt  |
| Mailing Address 4561 Neiswander Sq.   |   | 06 25 2013   |
| City  | State Zip Code  | Transaction ID: 20963261   |
| New Albany  | OH 43054-9642   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C   | 250.00   |
| Name of Employer  | Occupation  |  |
| Self-Employed   | Podiatric Physician   |  |
| Receipt For:  | Aggregate Year-to-Date ▼  |  |
| Primary General Other (specify) ▼   | 500.00  |  |
| SUBTOTAL of Receipts This Page (optional)   |   | 900.00   |

| FOF  | R LINE  | NU | MBER | : | PAGE | 2 | 25 | OF | 39 |
|------|---------|----|------|---|------|---|----|----|----|
| (che | ck only | or | ne)  |   |      |   |    |    |    |
| X    | 11a     |    | 11b  |   | 11c  |   | 12 |    |    |
|      | 13      |    | 14   |   | 15   |   | 16 | ;  | 17 |

| Any information copied from such Reports and S<br>or for commercial purposes, other than using the | tatements may not be sold or used by any perso<br>name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
|--|--|--|
| NAME OF COMMITTEE (In Full)  |  |  |
|  | ociation Political Action Committee  | €  |
| Full Name (Last, First, Middle Initial)  A. Dr. Stephanie Ellis Spicer                             |  | Date of Receipt  |
| Mailing Address 11263 Stoll Rd.  |  | 06 25 2013   |
| City   | State Zip Code   | Transaction ID: 20963264   |
| Frankfort  | IL 60423-7987  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C  | 85.00  |
| Name of Employer   | Occupation   |  |
| In Step, Ltd.  | Podiatric Physician  |  |
| Receipt For:   | Aggregate Year-to-Date ▼   |  |
| Primary General Other (specify) ▼  | 255.00   |  |
| Full Name (Last, First, Middle Initial)  3. Dr. Jondelle B. Jenkins                                |  | Date of Receipt  |
| Mailing Address J.B. Jenkins & Associates  |  | M = M / D = D / Y = Y = Y  |
| 1706 E. 87th St.   | Chata 7'- O-1  | 06 25 2013   |
| Chicago  | State Zip Code   | Transaction ID : 20963266  |
| Chicago  | IL 60617-2740  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | С  | 625.00   |
| Name of Employer   | Occupation   |  |
| J.B. Jenkins & Associates  | Podiatric Physician  |  |
| Receipt For:   | Aggregate Year-to-Date ▼   |  |
| Primary General  Other (specify) ▼   | 1875.00  |  |
| Full Name (Last, First, Middle Initial)  Dr. John A. DelMonte                                      |  | Date of Receipt  |
| Mailing Address 409 Poppy Hill Dr.   |  | 06 22 2013 _   |
| City   | State Zip Code   | Transaction ID : 20963316  |
| Healdsburg   | CA 95448-3006  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | С  | 150.00   |
| Name of Employer   | Occupation   |  |
| Self-Employed  | Podiatric Physician  |  |
| Receipt For:   | Aggregate Year-to-Date ▼   |  |
| Primary General  |  |  |
| Other (specify) ▼  | 650.00   |  |
| SUBTOTAL of Receipts This Page (optional)  | <b>&gt;</b>  | 860.00   |
| TOTAL This Period (last page this line number  | only)  |  |

| FOR              | LINE | NU | MBER | : | PAGE | 2 | 26 | OF | 39 |
|------------------|------|----|------|---|------|---|----|----|----|
| (check only one) |      |    |      |   |      |   |    |    |    |
| X                | 11a  |    | 11b  |   | 11c  |   | 12 |    |    |
|                  | 13   |    | 14   |   | 15   |   | 16 |    | 17 |

| Full Name (Last, First, Middle Initial) Dr. Charles A. Kelman  Mailing Address 30211 Walford Ct.  City Agoura Hills  FEC ID number of contributing federal political committee.  Name of Employer | State Zip Code CA 91301-4627    | Date of Receipt  06 22 2013  Transaction ID: 20963317  Amount of Each Receipt this Period |
|---|---------------------------------|---|
| Agoura Hills  FEC ID number of contributing federal political committee.  | CA 91301-4627                   | Transaction ID: 20963317  |
| FEC ID number of contributing federal political committee.  |                                 | Amount of Each Receipt this Period  |
| federal political committee.  | C                               | Amount of Lacif Neceipt this Feriod   |
| Name of Employer  |                                 | 300.00  |
|   | Occupation                      |   |
| Foot Specialists Podiatry Group   | Podiatric Physician             |   |
| Receipt For:  Primary  General  | Aggregate Year-to-Date ▼        |   |
| Other (specify) ▼   | 300.00                          |   |
| Full Name (Last, First, Middle Initial)  Dr. Thu K. Van   | •                               | Date of Receipt   |
| Mailing Address 18631 Eunice Pl.  |                                 | M M / D D / Y Y Y Y Y   |
| City  | State Zip Code                  | 06 22 2013<br>Transaction ID : 20963318   |
| Tustin  | CA 92780-2441                   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | С                               | 300.00  |
| Name of Employer  | Occupation                      | 1   |
| Ambulatory Foot Care  | Podiatric Physician             |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 600.00 |   |
| Full Name (Last, First, Middle Initial)  Dr. Gary Bruce Briskin   |                                 | Date of Receipt   |
| Mailing Address 99 Village Cir.   |                                 | 06 22 2013  |
| City  | State Zip Code                  | Transaction ID : 20963321   |
| Manhattan Beach   | CA 90266-7220                   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C                               | 500.00  |
| Name of Employer  | Occupation                      | 1   |
| Self-Employed   | Podiatric Physician             |   |
| Receipt For:  | Aggregate Year-to-Date ▼        |   |
| Primary General  Other (specify) ▼  | 500.00                          |   |
| SUBTOTAL of Receipts This Page (optional).  |                                 | 1100.00   |
|   |                                 |   |

Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE     | NUMBER | :   PAG | iE 27 OF | 39 |
|--------------|--------|---------|----------|----|
| (check only  | one)   |         |          |    |
| <b>X</b> 11a | 11b    | 11c     | 12       |    |
| 13           | 14     | 15      | 16       | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

| Pull Name (Last, First, Middle Initial) Dr. Timothy P. Shea Mailing Address 647 Augustine Ln. |                                  | Date of Receipt   |
|---|----------------------------------|---|
| Oit.  | Ohada Zir Ordi                   | 06 22 2013  |
| City<br>Lafayette   | State Zip Code CA 94549-5312     | Transaction ID : 20963323                                     |
| FEC ID number of contributing federal political committee.                                    | C 34040 3312                     | Amount of Each Receipt this Period 300.00                     |
| Name of Employer  | Occupation                       |   |
| Mt. Diablo Podiatry Clinic  | Podiatric Physician              |   |
| Receipt For:  Primary General  Other (specify)  | Aggregate Year-to-Date ▼ 300.00  |   |
| Full Name (Last, First, Middle Initial) Dr. Paul D. Weiner                                    |                                  | Date of Receipt   |
| Mailing Address 6 Serena Pl.  |                                  | M - M / D - D / Y - Y - Y - Y                                 |
| City  | State Zip Code                   | 06 22 2013 Transaction ID : 20062326                          |
| American Canyon   | CA 94503-3150                    | Transaction ID : 20963326  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                    | С                                | 500.00  |
| Name of Employer<br>Vallejo Foot & Ankle Clinic   | Occupation Podiatric Physician   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  500.00 |   |
| Full Name (Last, First, Middle Initial)   |                                  | B   |
| Dr. Randall J. Sarte  |                                  | Date of Receipt   |
| Mailing Address 6340 Almond Ave.  |                                  | 06 22 2013  |
| City  | State Zip Code                   | Transaction ID : 20963331                                     |
| Orangevale  | CA 95662-3932                    | Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.                                    | C                                | 500.00  |
| Name of Employer  | Occupation                       |   |
| Self-Employed   | Podiatric Physician              |   |
| Receipt For:  | Aggregate Year-to-Date ▼         |   |
| Primary General  Other (specify) ▼  | 500.00                           |   |

| FOF  | PAGE    | 2   | 28 | OF  | 39 |    |   |    |
|------|---------|-----|----|-----|----|----|---|----|
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| X    | 11a     | 11b |    | 11c |    | 12 |   |    |
|      | 13      | 14  |    | 15  |    | 16 | ; | 17 |

| NAME OF COMMITTEE (In Full) American Podiatric Medical A       | Association Political Action Commit | tee                                |
|--|-------------------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial) Dr. Robert K. Lee      |                                     | Date of Receipt                    |
| Mailing Address 740 Forest Green Dr.                           |                                     | 06 22 2013                         |
| City   | State Zip Code                      | Transaction ID: 20963334           |
| La Canada  | CA 91011-4201                       | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.     | C                                   | 300.00                             |
| Name of Employer   | Occupation                          |                                    |
| University Podiatry Group                                      | Podiatric Physician                 |                                    |
| Receipt For:   | Aggregate Year-to-Date ▼            |                                    |
| Primary General  Other (specify) ▼                             | 300.00                              |                                    |
| Full Name (Last, First, Middle Initial) Dr. Anthony J. Errico  | '                                   | Date of Receipt                    |
| Mailing Address 6 Jasmine Ct.                                  |                                     | M = M / D = D / Y = Y = Y          |
| City   | State Zip Code                      | 06 22 2013                         |
| City<br>Millbrae   | State Zip Code CA 94030-1701        | Transaction ID : 20963335          |
|  |                                     | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.     | C                                   | 300.00                             |
| Name of Employer   | Occupation                          |                                    |
| Self-Employed  | Podiatric Physician                 |                                    |
| Receipt For:   | Aggregate Year-to-Date ▼            |                                    |
| Primary General  Other (specify) ▼                             | 300.00                              |                                    |
| Full Name (Last, First, Middle Initial)  Dr. Jill Robin Berlin | 1                                   | Date of Receipt                    |
| Mailing Address 26912 Carranza Dr.                             |                                     | 06 22 2013                         |
| City   | State Zip Code                      | Transaction ID: 20963338           |
| Mission Viejo  | CA 92691-5002                       | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.     | C                                   | 500.00                             |
| Name of Employer   | Occupation                          |                                    |
| Self-Employed  | Podiatric Physician                 |                                    |
| Receipt For:   | Aggregate Year-to-Date ▼            |                                    |
| Primary General  |                                     |                                    |
| Other (specify) ▼  | 500.00                              |                                    |
| SURTOTAL of Receipts This Page (antional                       | )                                   | 1100.00                            |
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| ı | FOR LINE NUMBER: PAGE 29 OF |          |     |    |    |  |  |  |
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|   | <b>X</b> 11a                | 11b      | 11c | 12 |    |  |  |  |
|   | 13                          | 14       | 15  | 16 | 17 |  |  |  |

| or for commercial purposes, other than using t<br>NAME OF COMMITTEE (In Full) | the name and address of any political committee t | o solicit contributions from such committee.                  |
|---|---|---|
| ,   | ssociation Political Action Committe              | ee  |
| Full Name (Last, First, Middle Initial) Dr. Gordon Julian Shumate Jr.         |   | Date of Receipt   |
| Mailing Address 9670 Sunnywood Dr.  |   | 06 22 2013  |
| City  | State Zip Code                                    | Transaction ID : 20963340                                     |
| Millville   | CA 96062-9505                                     | Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.                    | C   | 300.00  |
| Name of Employer  | Occupation  | -   |
| Self-Employed   | Podiatric Physician                               |   |
| Receipt For:  | Aggregate Year-to-Date ▼                          | ]   |
| Primary General  Other (specify) ▼  | 300.00  |   |
| Full Name (Last, First, Middle Initial)  Dr. Robert M. Parks                  | 1   | Date of Receipt   |
| Mailing Address 12909 Arroyo De Vista N.E.                                    |   | M = M / D = D / Y = Y = Y = Y                                 |
| City  | State Zip Code                                    | 06 27 2013<br>Transaction ID : 20970121                       |
| Albuquerque   | NM 87111-2905                                     | Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.                    | С   | 250.00  |
| Name of Employer  | Occupation  | -   |
| Lovelace Sandia Health System   | Podiatric Physician                               |   |
| Receipt For:  Primary General  Other (specify) ▼                              | Aggregate Year-to-Date ▼  250.00                  |   |
| Full Name (Last, First, Middle Initial) . Dr. Kyle W. Sundblad                |   | Date of Receipt   |
| Mailing Address 3699 Newcastle Dr.  |   | 06 27 2013  |
| City<br>Rochester Hills   | State Zip Code<br>MI 48306-3681                   | Transaction ID : 20970518  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                    | C   | 300.00  |
| Name of Employer  | Occupation  | _   |
| Macomb Foot, Ankle & Wound Care Center  | Podiatric Physician                               |   |
| Receipt For:  | Aggregate Year-to-Date ▼                          |   |
| Primary General  Other (specify) ▼  | 300.00  |   |
| SUBTOTAL of Receipts This Page (optional).                                    |   | 850.00  |
| ,   |   |   |
| FOTAL This Period (last page this line number                                 | er only)  |   |

| FOR LINE NUMBER: |     |  |     |  | PAGE | 3 | 30 | OF |  | 39 |
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|  | Statements may not be sold or used by any persite name and address of any political committee to |                                    |
|--|--|------------------------------------|
| NAME OF COMMITTEE (In Full)  | equiption Delitical Action On the  |                                    |
| / American Podiatric Medical As                                    | sociation Political Action Committe  | <del>:</del>                       |
| Full Name (Last, First, Middle Initial)  Dr. Richard G. Saglimbene |  | Date of Receipt                    |
| Mailing Address 1439 White Spruce Dr.                              |  | 06 27 2013                         |
| City   | State Zip Code   | Transaction ID: 20970520           |
| Toms River   | NJ 08753-2875  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.         | C  | 300.00                             |
| Name of Employer   | Occupation   | 1                                  |
| Self-Employed  | Podiatric Physician  |                                    |
| Receipt For:   | Aggregate Year-to-Date ▼   |                                    |
| Primary General  | 55 5   |                                    |
| Other (specify) ▼  | 300.00   |                                    |
| Full Name (Last, First, Middle Initial)  Dr. Kirk Eliel Woelffer   |  | Date of Receipt                    |
| Mailing Address Raleigh Foot Center                                |  | M = M / D = D / Y = Y = Y          |
| P.O. Box 98209   | Chair  | 06 28 2013                         |
| City   | State Zip Code   | Transaction ID: 20970677           |
| Raleigh  | NC 27624-8209  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.         | С  | 50.00                              |
| Name of Employer   | Occupation   | 1                                  |
| Raleigh Foot Center  | Podiatric Physician  |                                    |
| Receipt For:   | Aggregate Year-to-Date ▼   |                                    |
| Primary General  | 30 0   |                                    |
| Other (specify) ▼  | 300.00   |                                    |
| Full Name (Last, First, Middle Initial)  C. Dr. Zahid A. Ladha     |  | Date of Receipt                    |
| Mailing Address 3544 Marquis Ct.                                   |  | 06 28 2013                         |
| City   | State Zip Code   | Transaction ID : 20970678          |
| Floyds Knobs   | IN 47119-9766  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.         | C  | 250.00                             |
| Name of Employer   | Occupation   | 1                                  |
| Self-Employed  | Podiatric Physician  |                                    |
| Receipt For:   | Aggregate Year-to-Date ▼   | ]                                  |
| Primary General  |  |                                    |
| Other (specify) ▼  | 1500.00  |                                    |
| SUBTOTAL of Receipts This Page (optional)                          |  | 600.00                             |
| יייייייייייייייייייייייייייייייייייייי                             |  | 7 7 7                              |
| TOTAL This Period (last page this line number                      | · only)  |                                    |

Use separate schedule(s) for each category of the Detailed Summary Page

|      |         |  |     |  | PAGE | 3 | 31 | OF | 39 |
|------|---------|--|-----|--|------|---|----|----|----|
| (che | ck only |  |     |  |      |   |    |    |    |
| X    | 11a     |  | 11b |  | 11c  |   | 12 |    |    |
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| or for commercial purposes, other than using   | g the name and address of any political committee to | solicit contributions from such committee.                    |
|--|--|---|
| NAME OF COMMITTEE (In Full) American Podiatric Medical A   | Association Political Action Committe                | ee  |
| Full Name (Last, First, Middle Initial)  A. Dr. Samuel Stuart Woociker  Mailing Address 445 Warrior Trl. |  | Date of Receipt   |
| City   | State Zip Code                                       | 06 28 2013  |
| Enterprise   | FL 32725-2456  | Transaction ID : 20970679  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C  | 50.00   |
| Name of Employer   | Occupation   |   |
| Orlando Foot&Ankle Clinic Physicians Receipt For:  | Podiatric Physician                                  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼  300.00                     |   |
| Full Name (Last, First, Middle Initial)  3. Dr. Paul E. Tipton   | ·  | Date of Receipt   |
| Mailing Address 159 Westwind Rd.   |  | 06 28 2013  |
| City   | State Zip Code KY 40207-1545                         | Transaction ID : 20990087                                     |
| Louisville  EEC ID number of contributing  | 1,525. 15.15   | Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.   | C  | 500.00  |
| Name of Employer   | Occupation   |   |
| Tipton & Unroe, PSC  | Podiatric Physician                                  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 500.00                      |   |
| Full Name (Last, First, Middle Initial)  C. Dr. Arlene F. Hoffman  | ·  | Date of Receipt   |
| Mailing Address 282 Panoramic Hwy.   |  | 06 23 2013  |
| City<br>Mill Valley  | State Zip Code<br>CA 94941-2631                      | Transaction ID : 20990171  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C  | 300.00  |
| Name of Employer   | Occupation   |   |
| Self-Employed  | Podiatric Physician                                  |   |
| Receipt For:    Primary   General  | Aggregate Year-to-Date ▼                             |   |
| Other (specify) ▼  | 300.00   |   |
| SUBTOTAL of Receipts This Page (optional   | 1)   | 850.00  |
| TOTAL This Period (last page this line num   | ber only)  |   |

Use separate schedule(s) for each category of the Detailed Summary Page

| FOR  | PAGE | : 3 | 32 | OF  | 39 |    |  |    |
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|      | 13   | 14  |    | 15  |    | 16 |  | 17 |

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| or        | for commercial purposes, other than using the  | name and address of any political committee to  | solicit contributions from such committee.   |  |
|-----------|--|---|--|--|
| $\rangle$ | NAME OF COMMITTEE (In Full) American Podiatric Medical Asse  | ociation Political Action Committee   | e  |  |
| ۹.        | Full Name (Last, First, Middle Initial) Dr. S. Chris Horine  Mailing Address 15250 Peach Hill Rd.  | Date of Receipt   |  |  |
|           | City Saratoga  FEC ID number of contributing federal political committee.  Name of Employer Silicon Valley Podiatry Group  Receipt For:  Primary General Other (specify) ▼   | State Zip Code CA 95070-6448  C  Occupation Podiatric Physician  Aggregate Year-to-Date ▼  300.00 | 7 Transaction ID: 20990173  Amount of Each Receipt this Period  300.00                               |  |
| 3.        | Full Name (Last, First, Middle Initial)  Dr. Andrew G. Samuels  Mailing Address 945 W. 7th St.  City  Oxnard  FEC ID number of contributing federal political committee.  Name of Employer  Self-Employed  Receipt For:  Primary General  Other (specify)    | State Zip Code CA 93030-6756  C  Occupation Podiatric Physician  Aggregate Year-to-Date ▼  250.00 | Date of Receipt  M M C 23 2013  Transaction ID: 20990174  Amount of Each Receipt this Period  250.00 |  |
| C.        | Full Name (Last, First, Middle Initial)  Dr. Bruce A. Olson  Mailing Address 6000 Bridgeview Dr.  City  Ventura  FEC ID number of contributing federal political committee.  Name of Employer  Self-Employed  Receipt For:  Primary General  Other (specify) | State Zip Code CA 93003-1126  C  Occupation Podiatric Physician  Aggregate Year-to-Date ▼         | Date of Receipt  M M M 23 2013  Transaction ID: 20990180  Amount of Each Receipt this Period  500.00 |  |
| s         | UBTOTAL of Receipts This Page (optional)   | <b>&gt;</b>   | 1050.00  |  |
| Т         | OTAL This Period (last page this line number of  | only)   |  |  |

Use separate schedule(s) for each category of the Detailed Summary Page

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|------------------|------|---------|----|-----|--|------|---|----|----|----|
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|                  |      | 13      |    | 14  |  | 15   |   | 16 |    | 17 |

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| or for commercial purposes, other than using                         | the name and address of any political committee to | solicit contributions from such committee.                    |  |  |  |  |
|--|--|---|--|--|--|--|
| NAME OF COMMITTEE (In Full) American Podiatric Medical A             | ssociation Political Action Committe               | ee  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  A. Dr. Jay S. Berenter      | Date of Receipt                                    |   |  |  |  |  |
| Mailing Address 17864 Old Winemaster Wa                              | 06 23 2013   |   |  |  |  |  |
| City   | State Zip Code                                     | Transaction ID : 20990181                                     |  |  |  |  |
| Poway  | CA 92064-1062                                      | Amount of Each Receipt this Period                            |  |  |  |  |
| FEC ID number of contributing federal political committee.           | C  | 500.00  |  |  |  |  |
| Name of Employer   | Occupation   |   |  |  |  |  |
| Self-Employed  | Podiatric Physician                                |   |  |  |  |  |
| Receipt For:   | Aggregate Year-to-Date ▼                           |   |  |  |  |  |
| Primary General  Other (specify) ▼                                   | 500.00   |   |  |  |  |  |
| Full Name (Last, First, Middle Initial)  3. Dr. Christopher S. Dugan | Date of Receipt                                    |   |  |  |  |  |
| Mailing Address 5725 Lake Briar Dr.                                  | 06 03 2013   |   |  |  |  |  |
| City   | State Zip Code                                     | Transaction ID: 21011867                                      |  |  |  |  |
| Millstadt  | IL 62260-2628                                      | Amount of Each Receipt this Period                            |  |  |  |  |
| FEC ID number of contributing federal political committee.           | С  | 300.00  |  |  |  |  |
| Name of Employer   | Occupation   |   |  |  |  |  |
| Associatd Foot Surgeons of Bellville                                 | Podiatric Physician                                |   |  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼                     | Aggregate Year-to-Date ▼ 300.00                    |   |  |  |  |  |
| Full Name (Last, First, Middle Initial)  Dr. Paul William Hutchison  |  | Date of Receipt   |  |  |  |  |
| Mailing Address 8959 Jenna Rd.                                       |  | 06 03 2013  |  |  |  |  |
| City<br>Germantown   | State Zip Code<br>TN 38138-8436                    | Transaction ID : 21011871  Amount of Each Receipt this Period |  |  |  |  |
| FEC ID number of contributing federal political committee.           | С  | 300.00  |  |  |  |  |
| Name of Employer   | Occupation   |   |  |  |  |  |
| Self-Employed  | Podiatric Physician                                |   |  |  |  |  |
| Receipt For:   | Aggregate Year-to-Date ▼                           |   |  |  |  |  |
| Primary General Other (specify) ▼                                    | 300.00   |   |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)                            |  | 1100.00   |  |  |  |  |
| TOTAL This Period (last page this line numb                          | er only)   | 26205.00  |  |  |  |  |

| SCHEDULE B (FEC Form 3X) |   |                                       |                                    | FOR LINE NUMBER: PAGE 34 OF 39 |         |                         |                       |                        |          |               |
|--------------------------|---|---------------------------------------|------------------------------------|--------------------------------|---------|-------------------------|-----------------------|------------------------|----------|---------------|
| ITE                      | MIZED DISBURSEMENTS   |                                       | rate schedule(s) category of the   | edule(s) (check only one)      |         |                         |                       |                        |          |               |
|                          |   |                                       | Summary Page                       |                                | 21b     | 22                      | 23                    | 24                     | 25<br>29 | 26            |
|                          |   | <u> </u>                              |                                    |                                | 27      | 28a                     | 28b                   | 28c                    |          | 30b           |
| Any<br>or f              | r information copied from such Reports and Statem<br>for commercial purposes, other than using the name | nents may n<br>le and addre           | ot be sold or usess of any politic | ed by any<br>al commi          | y perso | n for the<br>solicit co | purpose on tributions | t soliciting from such | contribu | tions<br>tee. |
| I \                      | NAME OF COMMITTEE (In Full)   |                                       |                                    |                                |         |                         |                       |                        |          |               |
|                          | American Podiatric Medical Associa  | ation Po                              | litical Action                     | n Comi                         | mittee  | <b>e</b>                |                       |                        |          |               |
|                          | Full Name (Last, First, Middle Initial)   |                                       |                                    |                                |         | _                       |                       |                        |          |               |
| _                        | Lee Terry For Congress  |                                       |                                    |                                |         | M = M                   | f Disburser           | D / Y                  | Y        | Υ             |
|                          | Mailing Address PO Box 540098   |                                       | 7: 0 1                             |                                |         | 06                      | 17                    |                        | 2013     |               |
|                          | •   | State<br>NE                           | Zip Code                           |                                |         | Trans                   | action ID             | 20948505               |          |               |
| _                        | Omaha Purpose of Disbursement   | INL                                   | 68154                              |                                |         |                         |                       |                        |          |               |
|                          | •   |                                       |                                    | 011                            |         | Amount                  | t of Each I           | Disburseme             | ent this | Period        |
|                          | Candidate Name  |                                       |                                    | Catego                         |         |                         |                       |                        | 5000     | 0.00          |
|                          | Rep. Lee Terry  |                                       |                                    | Туре                           | •       |                         | - 1                   | - 1                    |          |               |
| •                        | Senate President  | nent For: 2<br>Primary<br>Other (spec | General                            |                                |         |                         |                       |                        |          |               |
|                          | State: NE District: 02  |                                       |                                    |                                |         |                         |                       |                        |          |               |
|                          | Full Name (Last, First, Middle Initial)   |                                       |                                    |                                |         |                         |                       |                        |          |               |
| В.                       | Dutch Ruppersberger For Congress  |                                       |                                    |                                |         | Date of Disbursement    |                       |                        |          | Y             |
| Ī                        | Mailing Address 22 West Padonia Road Suite C-141  |                                       |                                    |                                |         | 06 14 2013              |                       |                        |          |               |
|                          | Timonium  | State<br>MD                           | Zip Code<br>21093                  |                                |         | Trans                   | action ID             | : 20948507             | ,        |               |
|                          | Purpose of Disbursement   |                                       |                                    | 011                            |         | Amount                  | t of Each I           | Disburseme             | ent this | Period        |
|                          | Candidate Name Rep. C.A. Dutch Ruppersberger  |                                       |                                    | Catego                         |         |                         |                       |                        | 1000     | 0.00          |
|                          |   | nent For: 2                           | 014                                | .,,,,                          |         |                         |                       |                        |          |               |
|                          | Senate  | Primary                               | General                            |                                |         |                         |                       |                        |          |               |
|                          | State: MD District: 02  | Other (spec                           | ny) <b>▼</b>                       |                                |         |                         |                       |                        |          |               |
|                          | Full Name (Last, First, Middle Initial)  Braley for Iowa  |                                       |                                    |                                |         | Date of                 | Disburser             | ment                   |          |               |
| _                        | Dialog for fowa   |                                       |                                    |                                | M M     | / D                     | D / Y                 | ΥΥΥ                    | Υ        |               |
| ı                        | Mailing Address c/o 4c Partners LLC 501 3rd St, NW, Suite 210   |                                       |                                    |                                |         | 06                      | 17                    |                        | 2013     |               |
| (                        | City  | State                                 | Zip Code                           |                                |         | Trans                   | action ID             | : 20948508             |          |               |
|                          |   | DC                                    | 20001                              |                                |         | Halls                   | action iD             | . 20070000             | •        |               |
|                          | Purpose of Disbursement   |                                       |                                    |                                |         |                         |                       |                        |          |               |
| -                        | Condidate Name  |                                       |                                    |                                |         | Amount                  | t of Each I           | Disburseme             | ent this | Period        |
|                          | Candidate Name  Mr. Bruce L. Braley  Category   |                                       |                                    |                                |         |                         |                       |                        | 5000     | 0.00          |
|                          | •   | nent For: 2                           | 04.4                               | Туре                           | ;       |                         | 7                     | - 7                    |          |               |
|                          | Senate President  | Primary Other (spec                   | General                            |                                |         |                         |                       |                        |          |               |
| _                        | State: IA District:   |                                       |                                    |                                |         |                         |                       |                        |          |               |
| sı                       | JBTOTAL of Disbursements This Page (optional)   |                                       |                                    |                                | • •     |                         |                       |                        | 11000    | 0.00          |
| тс                       | OTAL This Period (last page this line number only)  |                                       |                                    |                                | . •     |                         |                       |                        |          |               |

| SCHEDULE B (FEC Form 3X)  |  | FOR LINE NUMBER: PAGE 35 OF 39 |                           |   |  |  |
|---|--|--------------------------------|---------------------------|---|--|--|
| ITEMIZED DISBURSEMENTS  | Use separate schedule(s) for each category of the      | (check only                    | one)                      |   |  |  |
|   | Detailed Summary Page                                  | 21b                            | 22 X 23 24                | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |  |  |
| [   |  | 27                             | 28a 28b 28c               |   |  |  |
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| NAME OF COMMITTEE (In Full)   |  |                                |                           |   |  |  |
| American Podiatric Medical Asso   | ciation Political Action                               | Committe                       | <b>e</b>                  |   |  |  |
| Full Name (Last, First, Middle Initial)   |  |                                |                           |   |  |  |
| A. Friends Of Dan Kildee  |  |                                | Date of Disbursement      | Y Y Y   |  |  |
| Mailing Address P.O. Box 248  |  |                                | 06 17                     | 2013  |  |  |
| City  | State Zip Code   |                                | Transaction ID : 20948510 |   |  |  |
| Flint   | MI 48501   |                                | Transaction ID . 20340510 |   |  |  |
| Purpose of Disbursement   |  | 011                            | Amount of Each Disburseme | ent this Period                                       |  |  |
| Candidate Name  |  | Category/                      |                           | 500.00  |  |  |
| Mr. Daniel Kildee   |  | Type                           |                           | 500.00  |  |  |
| Office Sought:    House   Disburs   | sement For: 2014  ✓ Primary General  Other (specify) ▼ |                                |                           |   |  |  |
| State: MI District: 05  | _  |                                |                           |   |  |  |
| Full Name (Last, First, Middle Initial)   |  |                                |                           |   |  |  |
| B. Whitfield For Congress Committee   |  | Date of Disbursement           | Y Y Y                     |   |  |  |
| Mailing Address P.O. Box 391  | Mailing Address P.O. Box 391                           |                                |                           |   |  |  |
| City<br>Hopkinsville  | State Zip Code<br>KY 42241                             |                                | Transaction ID: 20948511  |   |  |  |
| Purpose of Disbursement   |  | 011                            | Amount of Each Disburseme | ent this Period                                       |  |  |
| Candidate Name  |  | Category/                      |                           | 5000.00   |  |  |
| Rep. Edward Whitfield   |  | Type                           |                           | 3000.00   |  |  |
|   | sement For: 2014  ✓ Primary General  Other (specify) ▼ |                                |                           |   |  |  |
| Full Name (Last, First, Middle Initial)   |  |                                |                           |   |  |  |
| C. Victory NOW  | Date of Disbursement                                   | YYY                            |                           |   |  |  |
| Mailing Address 10605 Concord Street Suite 202  | 06 17  | 2013                           |                           |   |  |  |
| City  | State Zip Code   |                                | Transaction ID : 20948512 |   |  |  |
| Kensington  | MD 20895   |                                |                           |   |  |  |
| rurpose of Dispursement   | Purpose of Disbursement 011                            |                                |                           |   |  |  |
| Candidate Name  | Amount of Each Disburseme                              | ent this Period                |                           |   |  |  |
| Victory NOW   |  | Category/<br>Type              |                           | 5000.00   |  |  |
|   | sement For:  | .,,,,                          |                           |   |  |  |
| Senate  | Primary General  |                                |                           |   |  |  |
| State: District:  | Other (specify) ▼                                      |                                |                           |   |  |  |
| State: District:  |  |                                |                           |   |  |  |
| SUBTOTAL of Disbursements This Page (optional   | )  | ·····•                         |                           | 10500.00  |  |  |
| TOTAL This Period (last page this line number or  |  | ·····                          |                           |   |  |  |

| SCHEDULE B (FEC Form 3X)                                     |  | F05 : 11:-           | NUMBER: PAGE 36 OF 39                          |  |  |  |
|--|--|----------------------|--|--|--|--|
| ITEMIZED DISBURSEMENTS                                       | Use separate schedule(s)                 | FOR LINE (check only | NOMBER:  |  |  |  |
| II LIVIIZED DISDUNSEIVIEN IS                                 | for each category of the                 | 21b                  | 22 🔀 23 🗆 24 🗆 25 🖂 26                         |  |  |  |
|  | Detailed Summary Page                    | 27                   | 28a 28b 28c 29 30b                             |  |  |  |
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| or for commercial purposes, other than using the r           |  |                      |  |  |  |  |
| NAME OF COMMITTEE (In Full)                                  |  |                      |  |  |  |  |
| American Podiatric Medical Asso                              | ciation Political Actio                  | n Committe           | e  |  |  |  |
|  | J.J. J. | 00                   | -  |  |  |  |
| Full Name (Last, First, Middle Initial)                      |  |                      |  |  |  |  |
| A. ORRINPAC  | Date of Disbursement                     |                      |  |  |  |  |
| W.W. A.H   |  |                      | M M / D D / Y Y Y Y                            |  |  |  |
| Mailing Address 175 S. West Temple, Ste 650                  |  |                      | 06 17 2013                                     |  |  |  |
| City   | State Zip Code                           |                      |  |  |  |  |
| Salt Lake City   | UT 84101                                 |                      | Transaction ID: 20948513                       |  |  |  |
| Purpose of Disbursement                                      |  |                      |  |  |  |  |
|  |  | 011                  | Amount of Each Disbursement this Period        |  |  |  |
| Candidate Name   |  | Category/            | 5000.00  |  |  |  |
| ORRINPAC   |  | Type                 | 5000.00  |  |  |  |
|  | sement For:                              |                      |  |  |  |  |
| Senate   | Primary General                          |                      |  |  |  |  |
| State: District:   | Other (specify) ▼                        |                      |  |  |  |  |
|  |  |                      |  |  |  |  |
| Full Name (Last, First, Middle Initial)  B. Thoroughbred PAC |  |                      | Date of Disbursement                           |  |  |  |
| B. Thoroughbred PAC  |  |                      |  |  |  |  |
| Mailing Address 499 South Capitol St. SW, Suite              |  | 06 17 2013           |  |  |  |  |
| 5 11 11 400 Court Capitol Ct. CVV, Cult                      | 400 Oouth Ouphor Ot. Ovv. Out o 42       |                      |  |  |  |  |
| City   | State Zip Code                           |                      | Transaction ID : 20948515                      |  |  |  |
| Washington   | DC 20003                                 |                      | Transaction ib . 20070010                      |  |  |  |
| Purpose of Disbursement                                      |  | 011                  | Amount of Fook Dickursoment this Deviced       |  |  |  |
| Candidate Name   |  |                      | Amount of Each Disbursement this Period        |  |  |  |
| Candidate Name   |  | Category/<br>Type    | 5000.00  |  |  |  |
| Office Sought: House Disbur                                  | sement For:                              | турс                 | ,        |  |  |  |
| Senate   | Primary General                          |                      |  |  |  |  |
| President  | Other (specify) ▼                        |                      |  |  |  |  |
| State: District:   |  |                      |  |  |  |  |
| Full Name (Last, First, Middle Initial)                      |  |                      |  |  |  |  |
| C. Democratic Senatorial Campaigr                            | Committee                                |                      | Date of Disbursement                           |  |  |  |
|  |  |                      | M M / D D / Y Y Y Y                            |  |  |  |
| Mailing Address 120 Maryland Avenue, NE                      |  |                      | 06 24 2013                                     |  |  |  |
| City   | State Zip Code                           |                      |  |  |  |  |
| Washington   | DC 20002                                 |                      | Transaction ID: 20963212                       |  |  |  |
| Purpose of Disbursement                                      |  |                      |  |  |  |  |
|  |  | 011                  | Amount of Each Disbursement this Period        |  |  |  |
| Candidate Name   |  | Category/            | 5000.00  |  |  |  |
|  |  | Type                 | 5000.00  |  |  |  |
|  | sement For:                              |                      |  |  |  |  |
| Senate   | Primary General                          |                      |  |  |  |  |
| State: District:   | Other (specify) ▼                        |                      |  |  |  |  |
| State. District.   |  |                      |  |  |  |  |
| SUPTOTAL of Disburgaments This Boss (antions                 | 1  | _                    | 15000.00                                       |  |  |  |
| SUBTOTAL of Disbursements This Page (optional                | J  | ·····                |  |  |  |  |
| TOTAL This Period (last page this line number or             | ly)                                      |                      |  |  |  |  |

| SCHEDULE B (FEC Form 3X)  |   | FOR LINE NUMBER: PAGE 37 OF 39 |  |  |  |  |
|---|---|--------------------------------|--|--|--|--|
| ITEMIZED DISBURSEMENTS  | Use separate schedule(s) for each category of the Detailed Summary Page | (check only 21b 27             |  |  |  |  |
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| NAME OF COMMITTEE (In Full)   | 7.  |                                |  |  |  |  |
| American Podiatric Medical Assoc  | iation Political Action   | Committe                       | е  |  |  |  |
| Full Name (Last, First, Middle Initial)   |   |                                |  |  |  |  |
| A. National Republican Congressiona   | al Committee  |                                | Date of Disbursement                           |  |  |  |
| Mailing Address 320 First Street, S.E   |   |                                | 06 24 2013                                     |  |  |  |
| City  | State Zip Code  |                                | Transaction ID : 20963215                      |  |  |  |
| Washington  | DC 20003  |                                | Transaction ID . 20903213                      |  |  |  |
| Purpose of Disbursement   |   | 011                            | Amount of Each Disbursement this Period        |  |  |  |
| Candidate Name  |   | Category/                      |  |  |  |  |
| National Republican Congressiona  | I Committee   | Type                           | 5000.00  |  |  |  |
| <u></u>   | ment For: Primary General Other (specify)                               |                                |  |  |  |  |
|   |   |                                |  |  |  |  |
| Full Name (Last, First, Middle Initial)  National Republican Senatorial Co                              |   | Date of Disbursement           |  |  |  |  |
| Mailing Address Ronald Reagan Republican Center 425 2nd Street, NE                                      | er  |                                | 06 24 2013                                     |  |  |  |
| City<br>Washington  | State Zip Code<br>DC 20002  |                                | Transaction ID : 20963216                      |  |  |  |
| Purpose of Disbursement   |   | 011                            | Amount of Each Disbursement this Period        |  |  |  |
| Candidate Name  |   | Category/<br>Type              | 5000.00  |  |  |  |
| Office Sought: House Disburse Senate President  | ment For: Primary General Other (specify) ▼                             |                                |  |  |  |  |
| State: District:  |   |                                |  |  |  |  |
| Full Name (Last, First, Middle Initial)  Lone Star Leadership PAC                                       |   |                                | Date of Disbursement                           |  |  |  |
| Mailing Address 104 Hume Avenue   |   |                                | 06 24 2013                                     |  |  |  |
| City<br>Alexandria  | State Zip Code<br>VA 22301  |                                | Transaction ID : 20963217                      |  |  |  |
| Purpose of Disbursement   |   |                                |  |  |  |  |
| Candidate Name  |   | 011                            | Amount of Each Disbursement this Period        |  |  |  |
|   |   | Category/<br>Type              | 1000.00  |  |  |  |
| Senate President  | ment For: Primary General Other (specify) ▼                             |                                |  |  |  |  |
| State: District:  |   |                                |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)  |   |                                | 11000.00                                       |  |  |  |
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| TOTAL This Period (last page this line number only  | )   |                                |  |  |  |  |

| for each<br>Detailed<br>ments may<br>me and add                                      |  | 21b 27 sed by any perso  | one)  22 X 23 24 25 2  28a 28b 28c 29 3  on for the purpose of soliciting contributions of solicit contributions from such committee.   |  |
|--|--|--|---|--|
| iation Po  | cliress of any political Action        | sed by any perso<br>ical committee to  | on for the purpose of soliciting contributions o solicit contributions from such committee.  Date of Disbursement   |  |
| iation Po  | Ditical Action                         |  | Date of Disbursement  |  |
| State  | Zip Code                               | n Committe   | Date of Disbursement  |  |
| State  | Zip Code                               | n Committe   | Date of Disbursement  |  |
|  |  |  | M   M / D   D / Y   Y   Y   Y   |  |
|  |  |  | M   M / D   D / Y   Y   Y   Y   |  |
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| DC   | 20005                                  |  | T   |  |
|  |  |  | Transaction ID: 20963218  |  |
|  |  | 014  | Assessment of Foods Disharman would their Dowled  |  |
|  |  | 011  | Amount of Each Disbursement this Period   |  |
|  |  | Category/<br>Type  | 5000.00   |  |
| ment For:<br>Primary<br>Other (spe   | General                                | , , , , , , , , , , , , , , , , , , ,  |   |  |
|  |  |  |   |  |
|  |  |  | B   |  |
|  |  |  | Date of Disbursement  |  |
| Mailing Address 509 Madison Ave. Suite 1902  |  |  |   |  |
| State<br>NY  | Zip Code<br>10022                      |  | Transaction ID: 20963219  |  |
|  |  | 011  | Amount of Each Disbursement this Period   |  |
|  |  | Category/<br>Type  | 5000.00   |  |
| Primary  | General cify) ▼                        |  |   |  |
|  |  |  |   |  |
| Full Name (Last, First, Middle Initial)  Democratic Congressional Campaign Committee |  |  |   |  |
|  |  |  | 06 25 2013  |  |
| State<br>DC  | Zip Code<br>20003                      |  | Transaction ID: 20963306  |  |
|  |  |  |   |  |
|  |  |  | Amount of Each Disbursement this Period   |  |
|  |  | Туре   | 5000.00   |  |
| Primary  | General ▼                              |  |   |  |
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|  |  |  | 15000.00  |  |
|  | State NY  ment For: Primary Other (spe | Other (specify) ▼  State Zip Code NY 10022  ment For: Primary General Other (specify) ▼  sign Committee  State Zip Code DC 20003 | Other (specify) ▼  State Zip Code NY 10022  O11 Category/ Type  ment For: Primary General Other (specify) ▼  state Zip Code DC 20003  O11 Category/ Type  ment For: Primary General Other General Other General Other General Other General Other General Other General |  |

| SCHEDULE B (FEC Form 3X)                                |   | FOR LINE NUMBER: PAGE 39 OF 39 |  |  |  |  |
|---|---|--------------------------------|--|--|--|--|
| ITEMIZED DISBURSEMENTS                                  | Use separate schedule(s)                | (check only                    | THE THOMBETT:  |  |  |  |
| TIENNELD DIODONOLIVILIANO                               | for each category of the                | 21b                            | 22 🔀 23 24 25 26   |  |  |  |
|   | Detailed Summary Page                   | 27                             | 28a 28b 28c 29 30l   |  |  |  |
| Any information copied from such Reports and Statem     | nents may not be sold or used           | by any perso                   | on for the purpose of soliciting contributions                 |  |  |  |
| or for commercial purposes, other than using the nam    |   |                                |  |  |  |  |
| NAME OF COMMITTEE (In Full)                             |   |                                |  |  |  |  |
| American Podiatric Medical Associa                      | ation Political Action                  | Committe                       | e  |  |  |  |
| / / Interteur i Galatile Medical / teeces               | ation i ontioal riotion                 |                                |  |  |  |  |
| Full Name (Last, First, Middle Initial)                 |   |                                |  |  |  |  |
| A. RUDY HOBBS FOR CONGRESS                              |   | Date of Disbursement           |  |  |  |  |
|   |   |                                | M M / D D / Y Y Y Y  |  |  |  |
| Mailing Address PO BOX 442056                           |   |                                | 06 27 2013   |  |  |  |
| O:4.  | Nata Zia Cada                           |                                |  |  |  |  |
| City S Detroit  | State Zip Code MI 48244                 |                                | Transaction ID: 20970607                                       |  |  |  |
| Purpose of Disbursement                                 | 40244                                   |                                |  |  |  |  |
| Turpose of Biobardemone                                 |   | 011                            | Amount of Each Disbursement this Period                        |  |  |  |
| Candidate Name  | I.                                      |                                | Table 3. East 2.554.65.16.16.16.16.16.16.16.16.16.16.16.16.16. |  |  |  |
| Rudy Hobbs  |   | Category/<br>Type              | 1000.00  |  |  |  |
|   | nent For: 2014                          | .,,,,,                         |  |  |  |  |
|   | Primary General                         |                                |  |  |  |  |
| President   | Other (specify)                         |                                |  |  |  |  |
| State: MI District: 14                                  | , , , , , , , , , , , , , , , , , , ,   |                                |  |  |  |  |
| Full Name (Last, First, Middle Initial)                 |   |                                |  |  |  |  |
| 3.  |   |                                | Date of Disbursement   |  |  |  |
|   |   |                                | M M / D D / Y Y Y Y  |  |  |  |
| Mailing Address   |   |                                |  |  |  |  |
|   |   |                                |  |  |  |  |
| City  | State Zip Code                          |                                |  |  |  |  |
|   |   |                                |  |  |  |  |
| Purpose of Disbursement                                 | l l                                     |                                | Assessed of Fook Diskussessed this Davied                      |  |  |  |
| Candidate Name  |   |                                | Amount of Each Disbursement this Period                        |  |  |  |
| Candidate Name  |   | Category/                      |  |  |  |  |
| Office Sought: House Disbursen                          | nent For:                               | Туре                           |  |  |  |  |
|   | Primary General                         |                                |  |  |  |  |
|   | Other (specify)                         |                                |  |  |  |  |
| State: District:  | •o. (opes)                              |                                |  |  |  |  |
| Full Name (Last, First, Middle Initial)                 |   |                                |  |  |  |  |
| Cast, First, Made Initial)                              | Full Name (Last, First, Middle Initial) |                                |  |  |  |  |
|   |   |                                | M M / D D / Y Y Y Y  |  |  |  |
| Mailing Address   |   |                                | W - W / / B - B / / I - I - I - I                              |  |  |  |
| · ·   |   |                                |  |  |  |  |
| City  | State Zip Code                          |                                |  |  |  |  |
| Durana of Diahuranari                                   | 1                                       |                                |  |  |  |  |
| Purpose of Disbursement                                 |   |                                |  |  |  |  |
| Candidate Name  |   |                                | Amount of Each Disbursement this Period                        |  |  |  |
| Candidate Name  |   | Category/                      |  |  |  |  |
| Office Sought: House Disbursen                          | pont For:                               | Туре                           | 7 7 7  |  |  |  |
|   | nent For:  Primary General              |                                |  |  |  |  |
|   | Other (specify)                         |                                |  |  |  |  |
| State: District:  | Culor (Specify)                         |                                |  |  |  |  |
| S.a.o. Diotriot.  |   |                                |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)          |   |                                | 1000.00  |  |  |  |
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